

Fill in this information to Identify the case:

Debtor Name: Rochester Drug Co-Operative, Inc.

United States Bankruptcy Court for the: Western District of New York

Case Number (If known): 20-20230

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: Consolidated List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A consolidated list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 UNITED STATES OF AMERICA C/O U.S. ATTORNEY'S OFFICE - SDNY ATTN: JEFFREY K. POWELL, ESQ. 86 CHAMBERS STREET, ROOM 620 NEW YORK, NY 10007	CONTACT: LOUIS A. PELLEGRINO, ESQ. PHONE: 212-637-2706 FAX: 212-637-2686 JEFFREY.POWELL@USDOJ.GOV	SETTLEMENT PAYMENT				\$10,000,000.00
UNITED STATES OF AMERICA C/O U.S. ATTORNEY'S OFFICE - SDNY ATTN: LOUIS A. PELLEGRINO, ESQ. 1 ST. ANDREW'S PLAZA NEW YORK, NY 10007	CONTACT: LOUIS A. PELLEGRINO, ESQ. PHONE: 212-637-2689 FAX: 212-637-2686 LOUIS.PELLEGRINO@USDOJ.GOV					
2 GILEAD SCIENCES, INC. ATTN: GRACE DUNLAP 353 LAKESIDE DRIVE FOSTER CITY, CA 94404	CONTACT: GRACE DUNLAP PHONE: 650-377-4981 FAX: 800-693-9009 GRACE.DUNLAP@GILEAD.COM	TRADE PAYABLE				\$7,689,370.00
3 GLAXOSMITHKLINE ATTN: PAOLA CALVO CUBERO MAILSTOP NY0300 5 CRESCENT DRIVE PHILADELPHIA, PA 19112	CONTACT: PAOLA CALVO CUBERO PHONE: 215-751-3011 FAX: 215-751-4759 PAOLA.M.CALVO@GSK.COM	TRADE PAYABLE				\$6,030,182.00
4 MERCK & COMPANY, INC. ATTN: ANDREA CHAVARRIA 2000 GALLOPING HILL ROAD KENILWORTH, NJ 07033	CONTACT: ANDREA CHAVARRIA PHONE: 704-345-6387 FAX: 215-631-5997 ANDREA.CHAVARRIA@MERC.K.COM	TRADE PAYABLE				\$5,017,889.00

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
5 ALLERGAN SALES LLC ATTN: JACK LEWIS 1551 SAWGRASS CORP PKWY SUITE 400-CORPORATE CENTER I SUNRISE, FL 33323	CONTACT: JACK LEWIS PHONE: 862-261-7791 FAX: 800-393-0117 JACK.LEWIS@ALLERGAN.COM	TRADE PAYABLE				\$4,947,049.00
6 SANOFI AVENTIS US LLC ATTN: BETH LINDENMUTH 300 SOMERSET CORPORATE BLVD BRIDGEWATER, NJ 08807	CONTACT: BETH LINDENMUTH PHONE: 585-259-7053 FAX: 800-933-3243 BETH.LINDENMUTH@SANOFI.COM	TRADE PAYABLE				\$3,983,391.00
7 BRISTOL-MYERS SQUIBB COMPANY ATTN: RHONDA NANTAI 430 E. 29TH STREET, 14TH FLOOR NEW YORK, NY 10016	CONTACT: RHONDA NANTAI PHONE: 813-881-7038 FAX: 800-523-2965 RHONDA.NANTAI@BMS.COM	TRADE PAYABLE				\$3,436,173.00
8 ASTRAZENECA LP ATTN: RAUL MATEI 1800 CONCORD PIKE WILMINGTON, DE 19850	CONTACT: RAUL MATEI PHONE: 800-236-9933 FAX: 302-886-1771 RAUL.MATEI@ASTRAZENECA.COM	TRADE PAYABLE				\$2,553,889.00
9 JANSSEN PHARMACEUTICA, L.P. ATTN: DACKMARY RIVERA 1125 TRENTON-HARBOURTON ROAD TITUSVILLE, NJ 08560	CONTACT: DACKMARY RIVERA PHONE: 813-558-4364 DRIVER13@ITS.JNJ.COM	TRADE PAYABLE				\$2,399,924.00
10 BOEHRINGER INGELHEIM PHARM. INC. ATTN: BRITTANY CRONIN 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	CONTACT: BRITTANY CRONIN PHONE: 203-798-4825 FAX: 800-520-1666 BRITTANY.CRONIN@BOEHRINGER-INGELHEIM.COM	TRADE PAYABLE				\$2,277,844.00
11 HORIZON MEDICINES LLC ATTN: ANDREEA KELLIS 29667 NETWORK PL CHICAGO, IL 60673-1296	CONTACT: ANDREEA KELLIS PHONE: 224-383-3192 FAX: 480-907-2323 AKELLIS@HORIZONTHERAPEUTICS.COM	TRADE PAYABLE				\$2,054,910.00
12 NOVARTIS PHARMACEUTICALS CORP. ATTN: KATHLEEN DAY 59 ROUTE 10 EAST HANOVER, NJ 07936	CONTACT: KATHLEEN DAY PHONE: 319-400-8684 FAX: 973-781-6356 KATHLEEN.DAY@NOVARTIS.COM	TRADE PAYABLE				\$1,829,855.00
13 NOVO NORDISK INC. ATTN: THOMAS SZOLD 800 SCUDDERS MILL RD PLAINSBORO TOWNSHIP, NJ 08536	CONTACT: THOMAS SZOLD PHONE: 609-786-4863 TSSZ@NOVONORDISK.COM	TRADE PAYABLE				\$1,701,685.00
14 PRASCO LLC ATTN: MATT PENDLEY 6125 COMMERCE COURT MASON, OH 45040	CONTACT: MATT PENDLEY PHONE: 513-204-1242 FAX: 513-204-1254 M.PENDLEY@PRASCO.COM	TRADE PAYABLE				\$1,460,491.00

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
15 ABBVIE US LLC ATTN: NANCY CHRISTIAN 1 N. WAUKEGAN ROAD CHICAGO, IL 60064	CONTACT: NANCY CHRISTIAN PHONE: 855-922-2843 FAX: 847-935-5360 NANCY.CHRISTIAN@ABBVIE.COM	TRADE PAYABLE				\$1,373,945.00
16 BAUSCH HEALTH US, LLC. ATTN: STEPHANIE REID ONE ENTERPRISE ALISO VIEJO, CA 92656	CONTACT: STEPHANIE REID PHONE: 908-541-3238 STEPHANIE.REID@BAUSCHHEALTH.COM	TRADE PAYABLE				\$1,151,821.00
17 TEVA PHARMACEUTICAL USA ATTN: MIKE DORSEY 1090 HORSHAM ROAD P.O. BOX 1090 NORTH WALES, PA 19454-1090	CONTACT: MIKE DORSEY PHONE: 262-377-0874 FAX: 215-591-8809 MICHAEL.DORSEY@TEVAPHARM.COM	TRADE PAYABLE				\$1,042,829.00
18 AMGEN, INC. ATTN: ANDREW SEIDL 1840 DEHAVILLAND THOUSAND OAKS, CA 91320	CONTACT: ANDREW SEIDL PHONE: 813-733-2846 FAX: 800-292-6436 ASEIDL@AMGEN.COM	TRADE PAYABLE				\$1,036,523.00
19 PHARMACEUTICAL DIV. OF PFIZER ATTN: ALLYSON RASSOULI 235 EAST 42ND STREET NEW YORK, NY 10017	CONTACT: ALLYSON RASSOULI PHONE: 714-376-7057 ALLYSON.RASSOULI@PFIZER.COM	TRADE PAYABLE				\$960,461.00
20 HORIZON PHARMA USA, INC. ATTN: ANDREEA KELLIS 28578 NETWORK PLACE CHICAGO, IL 60673	CONTACT: ANDREEA KELLIS PHONE: 224-383-3192 AKELLIS@HORIZONTHERAPEUTICS.COM	TRADE PAYABLE				\$921,585.00

**Fill in this information to identify the case:**

Debtor name Rochester Drug Cooperative, Inc.

United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK

Case number (if known) 20-20230

☐ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 12, 2020

x John T. Kinney  
Signature of individual signing on behalf of debtor

John T. Kinney  
Printed name

Interim Chief Executive Officer and Chief Financial Officer  
Position or relationship to debtor